PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
									10/560002			
CLAIMS AS FILED - PART I								SMALL ENT	ΠY	OR	OTHER SMALL E	
		<u>-</u>	(Column	1)	((Column 2)				3	OWEE !	
U.S. NATIONAL STAGE FEES			·					RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$100		All other situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	ઉજ
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 ≐			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			a3 minus 20 =					X \$ 25 =		OR	X \$ 50 =	150
INDEPENDENT CLAIMS			minus 3 =		•			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =		OR	+\$ 360 =	
• If	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	
Column 1) (Column 2) (Column 3)						1	SMALL E		OTHER THAN OR SMALL ENTITY			
AMENDMENT A	Hu	REMAINING AFTER AMENDMENT	NUA PREVI		BER PRESENT OUSLY EXTRA FOR			RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	٠ 23	Minus	<u>-</u> 2	3	= Ø		X \$ 25 =		OR	X \$ 50 =	·
	Independent	. 3	Minus	 3		= 8		X \$ 100 =	'/	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	\	OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		ÒR	TOTAL ADDIT. FEE	
		•							·	•		
		(Column 1)	Ţ	(Colu	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVII PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		ė		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		D		X \$ 100 =		OR	X \$ 200 =	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	·	OR	+ \$ 360 =	
		, ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
•	If the "Highest Nu If the "Highest Nu	imn 1 is less than th imber Previously Pai imber Previously Pai	ld For IN THIS SF ld For IN THIS SF	ACE is les	is than '21 is than '3'	0°, enter "20°. , enter "3°.						
	The "Highest Nun	nber Previously Paid	For (Total or Ind	ependent)	is the higi	hest number found	in t	ne appropriate box	r în column 1			

FORM PTO-875 (Rev. 02/2005)

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